

**ESTIMATED FUNDING**  
**\$519,130**

**FUNDING PERIOD**  
**July 1, 2003 – June 30, 2005**  
**(State Fiscal Years 2004 & 2005)**

**APPLICATIONS MUST BE POSTMARKED BY:**  
**JULY 25, 2003**

**OR RECEIVED AT CTED NO LATER THAN:**  
**5:00 P.M. ON JULY 25, 2003**

**SUBMIT TWO COPIES (ONE ORIGINAL WITH SIGNATURES)**  
**TO:**

WA State Department of Community, Trade and Economic Development  
ATTN: Suzanne Walker  
LGD/SDFC  
PO Box 48350  
906 Columbia Street SW  
Olympia, WA 98504-8350

**PLEASE NOTE**

ANY OMISSION OF REQUIRED INFORMATION MAY RESULT IN THE APPLICATION BEING REJECTED, AND THEREFORE, NOT CONSIDERED FOR FUNDING BY THE SELECTION COMMITTEE. PLEASE BE SURE THAT YOUR APPLICATION IS COMPLETE!

These grant funds are made available through the:  
**U.S. Department of Justice**  
**Office of Justice Programs**  
**Bureau of Justice Assistance**

## **ACKNOWLEDGEMENTS**

Grants awarded by the Office of Justice Programs, U.S. Department of Justice, support this program.

The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program offices and bureaus: Corrections Program Office (CPO), Bureau of Justice Assistance (BJA), Bureau of Justice Statistics (BJS), National Institute of Justice (NIJ), Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the Office of Victims of Crime (OVC).

Points of view or opinions contained within this document do not necessarily represent the official policies of the State of Washington. The Washington State Legislature awards funds for Drug Prosecution Assistance to Local Government. Resources available through this Grant Program may be used to prosecute drug crimes within the state. The Department of Community, Trade and Economic Development (CTED) administers this program in coordination with the Washington Association of Prosecuting Attorneys.

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## INTRODUCTION

The Department of Community, Trade and Economic Development (CTED), requests applications for continuation of the State Drug Prosecution Assistance Program funding as authorized by the Washington State Legislature under Section 236 to chapter 36.27 RCW.

This application instruction guide contains the necessary information and materials to prepare an application for State Drug Prosecution Assistance Program funding for the state fiscal biennium 2003-2005.

Application packages should be postmarked or received by CTED no later than 5 p.m. on July 25, 2003. **An original and one copy of the completed application are required.**

Whenever possible, completed forms may be submitted on computer disk using Microsoft Word and Excel. Upon notification, you may send your documents via electronic mail (e-mail: [suzannew@cted.wa.gov](mailto:suzannew@cted.wa.gov)). When submitting your application on disk or through electronic mail, pages requiring original signatures must be sent via postal services.

## ELIGIBLE APPLICANTS

Projects that received SFY 2003 Violence Reduction and Drug Enforcement (state VRDE account) funding for this program may apply for continued funding, as identified on the next page under "Advisory Committee Approved Projects." Should legislative program allocations not be funded as projected, awards may be reduced.

For the purpose of administering the State Drug Prosecution Assistance Program (DPAP), CTED will coordinate with the State Drug Prosecution Assistance Program's Project Director, elected by the Statewide Advisory Committee, who acts on behalf of all the agencies participating in this program. If any applicant agency for the state fiscal biennium 2003-05 will be different than the contractors at the end of the SFY 2003, then the project director must notify CTED in writing before the eligible applicant can be determined for funding.

## STATE DRUG PROSECUTION ASSISTANCE PROGRAM FUNDING AVAILABLE

The Washington State Legislature, through the Violence Reduction and Drug Enforcement Account (VRDE), will allocate \$519,130 for the State Drug Prosecution Assistance Program, maintaining the program at the previous biennial funding level. The funding period for the State Drug Prosecution Assistance Program will be from July 1, 2003 through June 30, 2005.

**STATE FISCAL BIENNIUM 2003-05 FUNDING DISTRIBUTION**

<u>2001-03 Contractor</u>	<u>Approved Projects</u>	<u>2003-2005 Funding Level</u>
Clark County	Clark County Prosecuting Attorney	\$ 80,000
King County	King County Prosecuting Attorney	\$ 80,000
Pierce County	Pierce County Prosecuting Attorney/SWAT Admin	\$ 80,000
Snohomish County	Snohomish County Prosecuting Attorney	\$ 80,000
Spokane County	Spokane County Prosecuting Attorney	\$ 80,000
Yakima County	Yakima County Prosecuting Attorney	\$ 80,000
WAPA Statewide	Washington Association of Prosecuting Attorneys	\$ 39,130

**Note:** Should program allocations not be as projected, WAPA's allocation may be reduced.

**ELIGIBLE ACTIVITIES**

SFY 2004 and SFY 2005 funding is available to continue the efforts of projects funded. The 2004 and 2005 program periods will be funded during the state's 2003-05 biennium budget approved at the end of the 58th Legislative Session, May 2003.

Select county prosecuting attorneys designated as prosecutorial assets under the state's program may fund the primary objective of increasing the staff of deputy prosecuting attorneys throughout the state, dedicated exclusively to the prosecution of drug violations.

Activities must support at least one goal of the State Drug Prosecution Assistance Program Project Abstract. The Project Abstract (Form 4), in presenting the project's strategy, goals, objectives, activities, and performance measures, must reflect the proposed goal(s).

**ALLOWABLE COSTS**

**Allowable** uses of state grant funds include, but are not limited to, the following:

- General salaries and personnel costs as reflected in the application and approved contract.
- Equipment and services supporting the project as reflected in the application and approved contract.
- Contracted Services, goods and services, and travel and training.

**Unallowable** uses of state grant funds include, but are not limited to, the following:

- Construction.
- Land acquisition.
- Payment of fines or related fees.

## **REPORTING REQUIREMENTS**

The county drug prosecutors who are funded will submit a monthly Expenditure Report and Request for Reimbursement form to CTED. County drug prosecutors will also report program activities monthly to the point-of-contact at Washington Association of Prosecuting Attorneys (WAPA), who in turn will formulate and publish the consolidated program activity report quarterly and submit it to the Legislature as required by statute, with a copy to CTED as the statewide DPAP Quarterly Activity Report.

A DPAP contractor's failure to report quarterly program activity to WAPA may result in delayed payment by CTED. Timely receipt of accurate and appropriately formatted reports at each level is a prerequisite of program compliance with the terms of this program.

## **BILLING PROCEDURES/PAYMENTS**

Upon receipt and approval of the monthly Expenditure Report and Request for Reimbursement form, CTED will reimburse authorized and allowed program expenditures, provided that the contractor has submitted the designated activity reports within the required timeframes. In order to receive timely payment, each contractor will submit reimbursement vouchers within 15 days after the month in which costs were incurred.

## **PROJECT EVALUATION**

Projects will be periodically evaluated in two ways:

- Compliance with program requirements and correlation of project goals with program goals.
- Review and analysis of the quarterly activity report of each project and correlation of report conclusions with the project's goals.

## **APPLICATION SUBMITTAL REQUIREMENTS**

A completed application for funding must include the items listed below. Use the checklist to ensure that all requested application information is submitted to CTED.

### **Items**

### **Checklist**

Application For DPAP Funds	Form 1 _____ <input type="checkbox"/>
Application Face Sheet	Form 2 _____ <input type="checkbox"/>
Budget Detail	Form 3 _____ <input type="checkbox"/>
Project Abstract	Form 4 _____ <input type="checkbox"/>
Significant Accomplishments	Form 5 _____ <input type="checkbox"/>
Signature Authorization	Form 6 _____ <input type="checkbox"/>
Points of Contact	Form 7 _____ <input type="checkbox"/>
Statement of Assurances	Form 8 _____ <input type="checkbox"/>

### **Copies**

Hardcopy: **An original and one copy** of the application must be submitted.

Computer Disk: You may submit the completed application on computer disk (using Microsoft Word and Excel, other common application formats which are compatible are also helpful) in addition to the paper copy.

### **Due Date**

**The application should be postmarked or received by CTED no later than 5 p.m. on Friday, July 25, 2003.** Submission after this date may cause delay in your application's approval and release of an executed contract.

### **Submit Applications To:**

Attn: Suzanne Walker  
Safe and Drug-Free Communities Unit  
Department of Community, Trade and Economic Development  
PO Box 48350  
906 Columbia Street SW  
Olympia, WA 98504-8350

If you have **questions** regarding this application or need **technical assistance**, please contact **Harvey Queen, Program Coordinator, at (360) 725-3034.**



**STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT**

**DRUG PROSECUTION  
ASSISTANCE PROGRAM  
FORM 1**

**APPLICATION FOR DRUG PROSECUTION PROGRAM FUNDS**

A04-37304-DP-__ __	2. Date Submitted	5. Applicant Identifier
1. Type Submission	3. Date Received by CTED	
<input type="checkbox"/> New Grantee <input type="checkbox"/> Continuation Grantee	4. Date Reviewed by CTED	

7. Applicant Information (below):
-----------------------------------

8. Organization Legal Name	10. Organizational Unit
9. Address (City, County, State, Zip)	5. Applicant Contact Name/Telephone Name: _____ Telephone: (____) ____-_____

12. Employer Identification Number (EIN)	13. Previous CTED Contract Number
--	-----------------------------------

14.	15. Applicant Fiscal Year Period (mm-dd-yy)
-----	---

16. Descriptive Title of Applicant's Project
--

17. Audits Performed  Year Completed _____ for Fiscal Period _____ If findings relate to state grants, attach copy.	18. Is applicant delinquent on any State debt?  Yes _____ No _____ If Yes, attach explanation.
--	---

19. Typed Name and Title of Authorized Representative	20. Telephone  (____) ____-_____
---	--

21. Signature of Authorized Representative	22. Date Signed
--	-----------------

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STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT

DRUG PROSECUTION  
ASSISTANCE PROGRAM  
FORM 2

SFY 2003-2005  
APPLICATION FACE SHEET

1a. Project Title:

\_\_\_\_\_

1b. Contracting Agent: (County/City agency if applicable)

\_\_\_\_\_

1c. Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1d. Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Tax Identification No. \_\_\_\_\_

3. Application Sequence No.: CTED USE

4. CFDA No.: N/A

5. Program Period:

7/1/03 to 6/30/05

6. Funding Authority:

State of Washington  
Department of Community, Trade  
and Economic Development

7. Service Areas (by City/County)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Population: \_\_\_\_\_  
Legislative District(s): \_\_\_\_\_  
Congressional District(s): \_\_\_\_\_

8. Bars Code: 334.04.200

9. Organization Fiscal Year:

\_\_\_\_\_ to \_\_\_\_\_

10. PURPOSE: To provide local governments with funding to prosecute drug-related offenses.

11. PROPOSED BUDGET REQUEST

	2003-2004 State Funds a	2004-2005 State Funds b	TOTAL STATE c (a+b)
Salaries	_____	_____	_____
Benefits	_____	_____	_____
Contracted Services	_____	_____	_____
Goods and Services	_____	_____	_____
Travel	_____	_____	_____
Training	_____	_____	_____
Equipment	_____	_____	_____
12. GRAND TOTAL	_____	_____	_____

13. ESTIMATED EXPENDITURES (based upon item 12, column c):

2003-2004			2004-2005		
JUL _____	NOV _____	MAR _____	JUL _____	NOV _____	MAR _____
AUG _____	DEC _____	APR _____	AUG _____	DEC _____	APR _____
SEP _____	JAN _____	MAY _____	SEP _____	JAN _____	MAY _____
OCT _____	FEB _____	JUN _____	OCT _____	FEB _____	JUN _____
TOTAL: _____			(should equal item 12, column c)		

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STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT

DRUG PROSECUTION  
ASSISTANCE PROGRAM  
FORM 3

BUDGET DETAIL  
STATE FISCAL BIENNIUM 2003-2005

	<u>2003-04</u> <u>State Funds</u> a	<u>2004-05</u> <u>State Funds</u> b	<u>TOTAL</u> <u>STATE</u> c (a+b)
<b>A. SALARIES</b>			
<u>Position Title</u> <u>FTEs</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL SALARIES</b>	_____	_____	_____
<b>B. BENEFITS</b>			
<b>TOTAL BENEFITS</b>	_____	_____	_____
<b>TOTAL PERSONNEL SAL. &amp; BEN. (A&amp;B)</b>	_____	_____	_____
<b>C. CONTRACTED SERVICES</b> (include all Subcontractors)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL CONTRACTED SERVICES</b>	_____	_____	_____

STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
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DRUG PROSECUTION  
ASSISTANCE PROGRAM  
FORM 3  
Page 2

	2003-04 State Funds a	2004-05 State Funds b	TOTAL STATE c (a+b)
<b>D. GOODS AND SERVICES</b>			
<b>1. SUPPLIES</b>			
Office _____	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL SUPPLIES</b>	_____	_____	_____
<b>2. FACILITIES</b>			
Rent _____	_____	_____	_____
Utilities _____	_____	_____	_____
Telephone _____	_____	_____	_____
Maint. & Repair _____	_____	_____	_____
Other _____	_____	_____	_____
<b>TOTAL FACILITIES</b>	_____	_____	_____
<b>3. SERVICES</b>			
Audit _____	_____	_____	_____
Indirect* _____	_____	_____	_____
Bonding _____	_____	_____	_____
Insurance _____	_____	_____	_____
Payroll/Acct. _____	_____	_____	_____
Publications _____	_____	_____	_____
Memberships _____	_____	_____	_____
Printing _____	_____	_____	_____
Postage _____	_____	_____	_____
Vehicle Maint _____	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL SERVICES</b>	_____	_____	_____
<b>TOTAL GOODS AND SERVICES</b>	_____	_____	_____

\* Indirect rate approved by federal/state agency Yes No Agency: \_\_\_\_\_  
(if "Yes" is not marked, no indirect rate is authorized)

What are the cost factors and functions to which the indirect rate applies:

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STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
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DRUG PROSECUTION  
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	2003-04 State Funds a	2004-05 State Funds b	TOTAL STATE c (a+b)
<b>E. TRAVEL</b>			
TOTAL TRAVEL	_____	_____	_____
<b>F. TRAINING</b>			
(Type of Training)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL TRAINING	_____	_____	_____
<b>G. EQUIPMENT</b>			
Office	_____	_____	_____
Vehicle	_____	_____	_____
Other	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL EQUIPMENT	_____	_____	_____
<b>GRAND TOTAL</b>	_____	_____	_____

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### PROJECT ABSTRACT

Describe in narrative form on two single-sided sheets or less:

The activities of this project for the period to be funded :1 July 2003 to 30 June 2005 including, at a minimum, the following information.

1. Strategy (mission), goals, and objectives (for both the primary agency and any other agencies participating in the project);\*
2. Operations (or implementing activities);
3. Performance measures (quantifiable measures supporting each objective); and
4. Management and supervision (including the use of performance measures).

This information may be shared with the legislature, other state agencies, the media, and authorized individuals requesting information about the operation of your project. Incomplete abstracts will be returned for corrections prior to contract execution. Do not refer to other forms or attachments in the application when completing this form. The abstract must be a stand-alone document.

The use of phrases, bullet comments, and columns to concisely present portions of the abstract are all appropriate. Use of small type and narrow margins is allowable provided the result is still legible; clarity should be the guide. The amount of space dedicated to each element depends solely on the information to be presented. Please separate elements by a solid typed line, or a blank line.

**\*Note:** *Goals* are a desired state of affairs, sought without constraints of time or resources, and are value-based, not requiring specificity. *Objectives* are statements of impact or effect set in quantifiable terms. There are two elements to any objective, the unit of measure/evaluation, and timeframe. The timeframe may be assumed to be the contract year. Any other timeframe (e.g., weekly, by the end of the first quarter) must be specified.

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### SIGNIFICANT ACCOMPLISHMENTS

Describe in narrative form on four single-sided pages or less:

1. Program activities undertaken prior to July 2003 by the applicant to address the program's issues. Include:
  - ◆ Activities supporting the previous grant periods' goals and objectives.
  - ◆ Activities the Prosecutor's Office is proud of.
  - ◆ Innovative practices (overcoming obstacles or increasing effectiveness/resources).
  - ◆ Activities of interest to other projects addressing the same issues (lessons learned, pro & con).
2. The impact of other programs and events on your project; specify program or agency(s). Include as appropriate:
  - ◆ Court systems
  - ◆ Corrections/Correctional facilities
  - ◆ Multi-Jurisdictional Narcotics Task Force coordination and reporting
  - ◆ Washington State Patrol
  - ◆ Drug Treatment policy
  - ◆ Law Enforcement jurisdictions
  - ◆ Public Defender's Office
  - ◆ Other Jurisdiction/Sovereignities
  - ◆ Drug Courts
  - ◆ Other (specify)
3. Planned impact of activities and events included in this new contract period (7/03 to 6/05) **if different** than performed activities and events from the current contract period (closing 6/30/2003).

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**STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT**

**DRUG PROSECUTION  
ASSISTANCE PROGRAM  
FORM 6**

**SIGNATURE AUTHORIZATION**

**All signatures MUST be original. Stamped signatures will not be accepted.**

1. NAME OF ORGANIZATION		DATE SUBMITTED
2. NAME OF PROJECT		CONTRACT NUMBER
3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
4. AUTHORIZED TO SIGN CONTRACTS/CONTRACT MODIFICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
5. AUTHORIZED TO SIGN VOUCHERS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
6. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE

DEPARTMENT OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT  
906 Columbia Street SW  
Post Office Box 48350  
Olympia, Washington 98504-8350

**SIGNATURE AUTHORIZATION  
INSTRUCTIONS**

**All Signatures MUST be original. Stamped signatures will not be accepted.**

1. Enter the name of the organization functioning as contractor and the date you are completing this form.
2. Enter the name of the program (ie: Drug Prosecution Assistance Program) and the CTED contract number.
3. Enter the name of the person or persons who are authorized to sign applications and requests for revised applications (amendments).

EXAMPLE:

3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
<i>John Goforth</i>	John Goforth	Program Developer

4. Enter the name of the person or persons who are authorized to sign contracts and contract modifications (amendments).
5. Enter the name of the person or persons who are authorized to sign vouchers. It is advisable to designate more than one person who can function in this capacity.
6. Enter the name of the person or persons who have the authority to authorize contract(s) and agreements such as, county commissioner, executive director, or program director. This should be the same person as identified in the "Authorized to Sign Contracts" section.

## POINTS OF CONTACT

**Contract Recipient:** (Who should the contract be returned to/amendments addressed to)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Org: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Washington  
Zip + 4: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail Addr: \_\_\_\_\_

**Contact for Policy Issues:** (Chief official of contracting agency, oversight board, or program supervisor)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Org: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Washington  
Zip + 4: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail Addr: \_\_\_\_\_

**Program Contact:** (General contact for programmatic concerns, monitoring, etc.)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Org: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Washington  
Zip + 4: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail Addr: \_\_\_\_\_

**Court Supervisor:** (Senior official assigned full-time to the project)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Org: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Washington  
Zip + 4: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail Addr: \_\_\_\_\_

**Contact for Financial Inquiries:** (Reimbursement voucher payment address)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Org: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Washington  
Zip + 4: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail Addr: \_\_\_\_\_

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**STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT**

**DRUG PROSECUTION  
ASSISTANCE PROGRAM  
FORM 8**

**STATEMENT OF ASSURANCES**

The applicant:

1. Has sufficient fiscal and management controls to implement and maintain the program in accordance with this application and the program requirements. Has sufficient monetary resources to implement and maintain the program operations in accordance with this application.
2. Will not use any grant funds to supplant local funds, but will use such grant funds to increase the amounts of funds that would, in the absence of federal funds, be made available for program activities.
3. Will provide full cooperation of administrative and program staff, and availability of all records upon request and convenience of staff from the Department of Community, Trade and Economic Development, Office of the State Auditor, or U.S. Department of Justice, who are charged with monitoring program compliance and the use of funds provided.
4. Will comply with Title V of the Anti-Drug Abuse Act of 1988 and regulations promulgated by the federal government to maintain a drug-free workplace.
5. Will not undertake any prohibited political activities with these funds including, but not limited to, voter registration, partisan political activity, lobbying congress, the Legislature, or any federal or state agency for project of jurisdictionally specific activity, or campaign for any ballot measure. Will comply with the provisions of Title 28, Code of Federal Regulations; Part 61, Procedures for Implementing the National Environmental Policy Act; and Part 63, Floodplain Management and Wetland Protection Procedures.
6. Guarantees that in performing any contract, purchase or other agreement, the organization shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, marital status, national origin, political affiliation or the presence of any sensory, mental or physical disability. The organization agrees to take affirmative action to ensure that applicants are employed and that employees are treated during the employment without discrimination because of their race, color, religion, age, sex, political affiliation, handicap or national origin. Such action shall include, but not be limited to, employment upgrading, demotion or transfer, recruitment and recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and training. This guarantee shall implement federal, state and any local equal opportunity and non-discrimination statutes. The applicant further will, without delay, bring any finding of an equal opportunity or non-discrimination violation to the attention of the Department of Community, Trade and Economic Development.

PLEASE NOTE: THE DEPARTMENT'S ACCEPTANCE OF THIS APPLICATION FOR FUNDING IS SUBJECT TO SUBSEQUENT COMPLIANCE REVIEWS WHICH MAY REQUIRE CORRECTIVE ACTION BY THE APPLICANT. AUTHORIZED SIGNATURE BY THE APPLICANT GUARANTEES ASSURANCES WHICH ARE CONTAINED ON THE APPLICATION FACE SHEET.

7. Authorized Signature for the Applicant:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF SIGNATURE

\_\_\_\_\_  
TITLE